

City Clerk  
Cheryl Christiansen  
Deputy City Clerk  
Lucille Taylor  
Phone (518) 279-7134  
Fax (518) 270-4639



ATTACH  
PHOTO  
Drivers License

Office of the City Clerk  
433 River St. Suite 5001  
Troy, NY 12180

Year \_\_\_\_\_  
License # \_\_\_\_\_

## Vendor Permit Application

Please print or type shaded areas only

Name \_\_\_\_\_ [ ☐ ] Male [ ☐ ] Female Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Height [ \_\_\_\_' \_\_\_\_"] Weight [ \_\_\_\_ ] lbs Hair Color [ \_\_\_\_ ] Eye Color [ \_\_\_\_ ] Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

[ ☐ ] Self Employed [ ☐ ] Employed By \_\_\_\_\_

**Attach to this application: 1. a copy of your Drivers License and 2. the required Liability Insurance Rider.**

Business Address \_\_\_\_\_

Describe what you intend to vend. For example: food, goods, etc. Please be specific.

Describe vending unit or mode of transportation. For example: truck, stand, etc.

If Applicable, List license plate number for vehicles \_\_\_\_\_

Has a vendor license ever been revoked or denied by the City of Troy or any other municipality? [ ☐ ] Yes [ ☐ ] No

If Yes, please give reason. \_\_\_\_\_

Have you ever been convicted of a crime or misdemeanor? [ ☐ ] Yes [ ☐ ] No

If Yes, please state nature of crime or misdemeanor and penalty \_\_\_\_\_

Intended vending location \_\_\_\_\_

Dates you will be vending: FROM \_\_\_\_\_ TO \_\_\_\_\_

I hereby indemnify the City of Troy, New York and save it harmless from all loss, damage, or injury to property or persons arising out of, or caused by or in any way connected with the operation of my vending business. Additionally, I understand that this license may be cancelled at any time if sufficient cause is shown.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fee \$ \_\_\_\_\_ [ ☐ ] Check [ ☐ ] Money Order [ ☐ ] Cash

## Insurance Requirements for Vendor Licenses

During the term of any permit, the permit holder shall carry liability insurance naming the City of Troy as an additional named insured. The following insurance coverage amounts shall apply:

\$350,000 General Aggregate, \$350,000 Personal Injury,  
\$350,000 Each Occurrence  
\$100,000 Fire Damage and  
\$ 50,000 Medical Expense

**FOR OFFICAL USE ONLY**

Name: \_\_\_\_\_

**VENDOR**

☐ New Application ☐ Renewal year (circle): 2 3 4 5

☐ Self employed ☐ Employee

☐ NYS Division of Criminal Justice Services (fingerprint report)

Date submitted\_\_\_\_\_ Results: ☐ No action ☐ Report attached

☐ Troy Police Department records check

Officer\_\_\_\_\_ Date\_\_\_\_\_

Results: ☐ No action ☐ Report attached

Records verification

☐ Drivers license

☐ Vehicle registration

☐ Liability insurance

☐ Surety bond

☐ Rensselaer County Health Permit

Departmental notification

☐ Original to City Clerk

☐ Copy to Police Chief

☐ Copy to vendor

Chief of Police\_\_\_\_\_ Date\_\_\_\_\_

☐ Approved ☐ Denied Reason\_\_\_\_\_

Date Issued\_\_\_\_\_

City Clerk\_\_\_\_\_ Date\_\_\_\_\_